

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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KENT AND MEDWAY NEURODEVELOPMENTAL ADULT PATHWAY UPDATE (ADULT AUTISM / ADHD)

Report from: Karen Benbow, Director of System Commissioning, Kent and Medway Clinical Commissioning Group
James Harman – Head of Children’s Services Commissioning

Author: *Johanna Elwell, Partnership Commissioner, Medway Council / Kent and Medway Clinical Commissioning Group*

Summary

This report provides an update on progress and next steps on contracting arrangements for the Kent and Medway adult neurodevelopmental health pathway for autism spectrum conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD).

1. Budget and policy framework
 - 1.1. This report relates to health policy and strategy.
 - 1.2. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People Overview and Scrutiny Committee as set out in the Council’s Constitution.
 - 1.3. The Autism Act (2009)¹ and The Autism Strategy (2014)² both set out comprehensive guidance on the future expectations of services in local

¹ <https://www.legislation.gov.uk/ukpga/2009/15/contents>

² <https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

communities for people with autistic spectrum condition (ASC) and ADHD. Further legislation and guidelines including the Mental Capacity Act (2005), Mental Health Act (2007), Equality Act (2010) and Nice Guidelines NG87 (2018) and NG142 (2012), have to date driven the agenda forward.

- 1.4. The Care Act (2014)³ sets out a range of statutory duties for Local Authorities, including a number related to the prevention agenda. It requires all Local Authorities to work in partnership to provide, or arrange services, facilities, resources, or take other steps, towards preventing, delaying or reducing the development of need for care and support. These statutory duties include people with ASC and ADHD.
- 1.5. The NHS Long Term Plan (2019)⁴ sets out specific actions that the local health and social care economy must address to improve outcomes for people with ASC and ADHD. The NHS Plan specifically identifies improved community-based support for autism as a priority; further reducing reliance on specialist hospitals, making sure all NHS commissioned services are providing good quality health, care and treatment for autistic people and their families. This will be achieved by ensuring equal access to and experience of positive outcomes from care and treatment. Reducing health inequalities, reducing over-medication and acting to prevent avoidable deaths.
- 1.6. A National Strategy for autistic children, young people and adults: 2021 to 2026⁵ has been published alongside an implementation plan for the first year of the plan. Key areas of focus include tackling health and care inequalities and building the right support in the community.

2. Background

- 2.1. The proposed service model will enhance both the quantity and quality of existing services and support for autistic adults and adults with ADHD across Kent & Medway.
- 2.2. The developed service specification incorporates:
 - Pre-diagnostic support
 - Diagnostics
 - Medication prescribing, titration and stabilisation
 - Post-diagnostic support
 - Improvements to transitions
 - Signposting for those presenting with 'complex autism' to the Kent and Medway Complex Autism Service (KAMCAS) which includes an out of hours and crisis support provision.

³ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

⁴ <https://www.england.nhs.uk/long-term-plan/>

⁵ Autism Strategy 2021-2026 <https://www.gov.uk/government/publications/national-strategy-for-autistic-children-young-people-and-adults-2021-to-2026>

- 2.3. None of the current pathway provision will be reduced or removed, but instead enhanced and improved, whilst other additions will be made to provide a more comprehensive pathway.
- 2.4. The proposed service forms part of the 'Tier 2 provision' within the wider system of support for people with learning disabilities and/or autism being developed and implemented across Kent and Medway in response to national and local strategic drivers.

2.5. Table 1: Health Care Tiers

Tier 1	Primary Care/GP
Tier 2	Specialist Services, low level need, early intervention
Tier 3	Specialist services high complex need (e.g., KAMCAS)
Tier 4	Transforming care cohort, residential, inpatient, criminal justice system

- 2.6. Tier 2 incorporates specialist services, low level need and early intervention. It is anticipated that supporting people at the earliest opportunity in their local community reduces the demand for using out of area high-cost in-patient placements.

2.7. Governance

- 2.8. A paper was presented to the Kent and Medway Clinical Commissioning Group (KMCCG) Finance and Performance Committee in December 2019 which approved the business case to procure a Kent and Medway adult neurodevelopmental service for autistic adults and those with ADHD following agreement by the Clinical Cabinet in September 2019.
- 2.9. Pre-procurement market engagement events were held in August 2019 and March 2020. The outcome of those events indicated that a single provider on its own would unlikely be able to deliver all aspects of the pathway. However, a Joint Venture Agreement (JVA) across providers could be a feasible way of ensuring that all aspects of the care pathway are delivered.
- 2.10. Covid-19 pandemic caused delays to procurement and papers were presented to KMCCG Finance and Performance Committee in October 2020 and another subsequently in December 2020, requesting a restart of the procurement process.
- 2.11. Whilst it was agreed in October 2020 that an open competitive procurement process would be supported, the Committee welcomed a review of the opportunities afforded by a local provider partnership / collaborative or alliance model.
- 2.12. Between the October and December 2020 Finance and Performance Committee, a proposal was received from a local Kent and Medway provider collaborative to consider a partnership model for the delivery of the adult neurodevelopmental service.

- 2.13. KMCCG Finance and Performance Committee agreed in December 2020 to consider the alternative proposition to open market procurement. This was further driven by NHS England and NHS Improvement (NHSEI) plans which are underway across health & social care to form local provider collaboratives for learning disability and autism inpatient services by April 2022. Within the developing Kent and Medway Integrated Care System (ICS) there is a real opportunity for the neurodevelopmental pathway to be delivered as one of the first community-based provider collaboratives.
- 2.14. A paper was brought back to the Finance and Performance Committee in February 2021 to confirm that work was continuing in developing a proposal for a local provider collaborative that would meet the needs of the new service.

3. Contracting Arrangements

- 3.1. In June 2021 KMCCG Finance and Procurement Committee agreed a proposal to direct award via a partnership collaborative model led by Kent Community Health NHS Foundation Trust (KCHFT). Utilising a collaborative provider approach saves time, resources and reduces the financial burden from a market engagement and tender approach. It also enables commissioners and local providers to work together to develop the service model in partnership with experts by experience, enables efficiencies within service delivery and maximises the opportunities for integrated working with other parts of the system.
- 3.2. The Partnership Collaborative is made up of the following providers:
- Kent Community Health NHS Foundation Trust (KCHFT) in the role of lead provider
 - Psicon Ltd.
 - Psychiatry UK
 - Sinclair Strong Consultants Ltd.
- 3.3. In addition, KCHFT have worked with colleagues and stakeholders in several organisations, listed below, as part of a system wide approach to the development and delivery of this model:
- Kent and Medway NHS and Social Care Partnership Trust (KMPT)
 - Kent County Council (KCC) social care and autism services
 - Medway Council
 - Northeast London NHS Foundation Trust (NELFT)
 - Kent, Surrey and Sussex Secure Provider Collaborative
 - Kent and Medway integrated/partnership commissioners
 - The Clinical Lead for Kent and Medway for Autism, ADHD and Learning Disabilities
 - Independent providers and the voluntary community sector: Advocacy for All; Aspens; Kent Autistic Trust; Porchlight; Shaw Trust
- 3.4. KCHFT as the lead NHS provider plan to implement the adult neurodevelopmental pathway by means of subcontracting arrangements within

a newly formed local provider collaborative. This proposal was led and developed by KCHFT and other local neurodevelopmental providers.

3.5. A team of Kent and Medway integrated/partnership commissioners have worked with KCHFT to develop a robust proposal that meets the core requirements of the service specification within the financial 5 year planned budget as set out and previously approved in December 2019.

3.6. The Pathway of Care includes:

- A 'no wrong door' approach for referrals into the service.
- A clear diagnostic process for autism and ADHD and holistic assessment approach to ensure other needs are also identified, e.g., mental health needs, and onward transfer, referral and signposting is undertaken if required/appropriate
- Support that is not dependent on a diagnosis being given, e.g., access to online information, signposting to the voluntary community services, self-help programmes/information and peer support groups
- Post diagnostic support that is person centred
- Medicines optimisation for people with ADHD
- Training, advice and support for families/carers and other professionals in health and social care (and where appropriate education) to enable them to understand and be better able to support people with neurodevelopmental conditions, in particular autism and ADHD.
- Joint working with social care and voluntary community services maximising their areas of expertise to best meet the needs of individuals.
- 'Step up' and 'step down' processes to Tier 1 and Tier 3 services within the wider system of support for people with autism and/or ADHD based on need and complexity.
- A principle of scaling service delivery/provision based on demand and capacity, i.e., level of provision that can be offered would be flexed according to level of demand so that quality is maintained in key components of the service pathways whilst resource is diverted from less important areas of service provision.

3.7. Social Care and Mental Health

3.8. Close working with colleagues in mental health services, both North-East London NHS Foundation Trust (NELFT) and KMPT, will be vital to ensure individuals with co-morbid mental health needs have access to appropriate assessment, advice and support for their mental health conditions. KCHFT will work with colleagues in Kent County Council and Medway Social Care and in children/young people's and adult mental health services to:

- Take a person-centred approach to support individuals to achieve the changes they want to make, with their views and wishes central to any processes or actions taken by professionals.
- Provide help for family and carers through the provision of information, support and an assessment of their needs.
- Provide local accessible and responsive integrated health and social care teams wrapped around the individual, working collaboratively with provider partners across acute, mental health and third sectors delivering coordinated care.
- Embed a multidisciplinary team approach that promote independence, health and well-being and support prevention and self-management for individuals living with complex long-term conditions so reducing hospital admissions.
- Implement shared care planning that is anticipatory in nature and delivering evidence of improved outcomes for individuals.
- Deliver a flexible response that can immediately step patients up into more specialist care, within the local community and continue to meet patients changing needs in a planned way, so reducing the pressure on acute care.

3.9. Clinical Venues

3.10. On-line access to the service will be available to increase accessibility and usability of the service.

3.11. Physical venues will also be available, including the Lordswood Healthy Living Centre in Medway. Other venues will also be available in Sittingbourne, Maidstone, Dartford, and Tonbridge. Additionally, Psicon has offices and clinical space in Canterbury which will be utilised by the teams and Sinclair Strong (KAMCAS) can offer appointments from their offices in Kings Hill West Malling.

3.12. All clinical staff have tablets/remote working devices to work flexibly. This enables assessment and treatment to take place at the most appropriate place for the individual and their family including GPs surgeries, community settings and the family home.

3.13. Additional service provision – Autism Community Team

3.14. Kent and Medway Intensive Support Team (IST) is currently under development. The IST will provide additional support to adults with learning disability and autistic adults. Engagement work through Bemix is to commence to co-produce the final service but it is anticipated that services for adults with learning disability and autistic adults will benefit from:

- Out of hours provision for adults with learning disability in crisis.
- A community-based autism multidisciplinary team, 9am-5pm service (like the learning disability Complex Care Response that provides accessible community based intensive support).
- Out of hours provision for autistic adults in crisis
- Expansion of Kent & Medway Complex Autism Service (KAMCAS) to increase capacity and reduce wait times

3.15. These additional services for autistic adults complement the proposed neurodevelopmental pathway. Mobilization is anticipated to begin in Q1 of 2022/23.

3.16. Interim arrangements and reducing backlogs

3.17. The LMC (Local Medical Council) had expressed concern about the lack of equitable service provision across Kent and Medway. In May 2021 KMCCG implemented interim arrangements across its adult neurodevelopmental pathway. Formal communications were made to providers to streamline systems and processes for referrals for diagnostic services. GPs and neurodevelopmental Children's diagnostic providers (for those referring young people approaching 18yrs) can now refer direct to adult neurodevelopmental providers for diagnostic assessments speeding up the referral process, using a new single referral form.

3.18. To maintain an equitable service ahead of the new service coming into effect in 2022, commissioners decided to transfer patients who are currently sitting with an external (out of area) provider based in London. Arrangements were made with existing providers to support the management and clearance of the current adult autism and ADHD waiting list that was held by the out of area provider. There were 940 patients from Kent and Medway on this provider waiting list, of which 663 have been transferred and reallocated to local providers and a further 277 are in the process of transferring over.

3.19. The average wait for most of these patients with the London provider service is estimated at around 2 years or more. The 3 local commissioned providers, who are also part of the new collaborative, are able to process these cases in substantially less time. Current waiting list projections from referral to Autism diagnosis is currently less than five months and for ADHD it is less than one month for diagnostics and up to 3 months for post diagnostic prescribing. Therefore, it is expected that most of this backlog of patients will be seen before the new service comes into effect.

3.20. Children and Young People

3.21. Alongside the proposed procurement of a new adult service, the children/young people's (0-18 years) neurodevelopmental provision is being reviewed following the SEND Local Area Inspection carried out in January 2019 which was critical of current provision. The longer-term vision of commissioners is to have an all-age pathway. Any new adult service model needs to include opportunities to work in partnership with providers of children and young people's services to

address the growing demand for diagnosis/support and to ensure the service is responsive to an all-age pathway without the need for full redesign in the future.

- 3.22. The transition of young people into the adult pathway will be seamless with a handover of care, although service eligibility criteria is for adults aged 18 years and over provision will be made to include young people who are 17.5 years where transition to the adult service is appropriate.
- 3.23. KCHFT will work with health and social care partners to ensure that transition from children's services to the adult ND service are effective and compliant with national guidance, e.g., *NICE guidance Transition from children's to adults' services for young people using health or social care services*.
- 3.24. As part of the wider Kent & Medway Preparing for Adulthood programme, KCHFT and other health services will be using a tool called "Ready, Steady, Go, Hello"⁶. This tool was first developed by Southampton University Hospital Trust to make sure every young person with long term conditions or diagnosis has a meaningful transition of care, while supporting them and their families and carers to gain an understanding of their health care needs, equipping them with the skills and knowledge required as they prepare for adulthood.
- 3.25. When the young person has transitioned to adult services, they will be provided with the *Hello to adult services* leaflet. There is also a hello questionnaire at this stage and the go questionnaire from the previous stage will be reviewed to make sure there are no gaps.

3.26. Monitoring Outcomes

- 3.27. An over-arching governing group that also includes commissioners and experts by experience will be responsible for the development, implementation and delivery of the service.
- 3.28. To monitor and record the impact of the services on individuals and their families/carers, KCHFT will use a quantitative and qualitative approach to collect data and report monthly performance and outcomes. Data will include workforce and finance data, clinical activity, quality measures and health outcomes. The data will provide oversight of performance against agreed key performance indicators (KPIs) and will support Kent and Medway commissioners in understanding utilisation of services and ensure value for money.

3.29. Next Steps

- 3.30. Contract to be signed by KCHFT and KMCCG.
- 3.31. Once the contract is signed KCHFT will issue a Voluntary Ex-Ante Transparency Notice (VEAT). The VEAT is a means of advertising the intention

⁶ <https://www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Hello-to-adult-services.aspx>

to award a contract without going through open procurement. It provides providers with the opportunity to challenge the decision.

3.32. Once contracts have been signed the mobilization plan can begin, this includes:

- Finalise and launch website and online offer
- Finalise referral processes and documentation, including single point of access so they can be used when the service goes live
- Delivery of the first stage of the communication plan, contacting all stakeholders
- Working with current providers and local partners to manage the move from interim arrangements to the new service.
- Recruitment and training of key personnel (clinical and administrative) to ensure sufficient staffing is in place to support service commencement. Job vacancies advertised first week of February 2022.

3.33. Timeframe

3.34. The timeline for implementation of the adult pathway has been remodelled due to the time needed to explore the viability of a collaborative approach. The intended contract start date is April 2022 with mobilisation starting in February 2022.

4. Risk management

4.1. Table of risk and mitigation:

Risk	Description	Action to avoid or mitigate risk	Risk Rating
Ongoing delays on KMCCG contracting arrangements.	Patients do not have access to a comprehensive Autism and/or ADHD service, which will impact on patient outcome and health and social care resources.	Partnership commissioners from Kent and Medway to continue working with KCHFT to implement next steps. Continue with interim arrangements to reduce waiting lists.	C3
Direct award	Direct award to a Provider Collaborative. Risk of legal challenge	KMCCG finalising assurances within contract. KCHFT to issue a VEAT once contracts are signed. NHS Arden and GEM legal representatives have concluded that the risk is small.	D2
Current funding	Funding for the service was based on historic	KMCCG Finance and Procurement board are aware of	C2

Risk	Description	Action to avoid or mitigate risk	Risk Rating
unlikely to meet demand in the future	2017/18 expenditure for new patients seeking diagnosis and support. Patient numbers have continued to increase year on year since then.	this risk and an update report will be presented in 2022 to consider funding. It is anticipated that offering low level community support at the right time will reduce the need for high cost out of area placements.	

5. Consultation

- 5.1. The Kent and Medway Learning Disability and Autism collaborative meeting was convened by the Kent Autism Collaborative and currently runs monthly. The group includes commissioned and voluntary, community and social enterprise (VCSE) providers from across Kent and Medway, Kent and Medway local authority and health commissioners, and adults with ASC and or ADHD. The group is used to discuss a range of topics relating to autism and learning disability and is also used to keep attendees updated on progress with the adult neurodevelopmental pathway.
- 5.2. A critical component of the new adult ND service delivery model is making sure the voices of autistic people and people with ADHD are heard in developing and improving the services they are involved in. To support this work and to ensure it is done well KCHFT have created a Quality Improvement Lead role to lead on co-production and co-design with service users and experts by experience over the first 2 years of the contract.

6. Financial implications

- 6.1. There are no direct financial implications for Medway Council as the new pathway will be entirely health funded as per agreed budgets within the business case.
- 6.2. The financial envelope was based on historical expenditure for 2017/18 and activity data from 2018/19. Since then, the number of referrals has been rising. In 2018/19 the average number ASC assessments completed for Medway patients was 4 patients per month. For Q1- Q3 of 2021/22 it is more than 8 per month. Kent have seen similar increases in referrals.
- 6.3. KCHFT have clarified with commissioners that the activity data from 2018/19 for both Kent and Medway are approximately 50% less for autism and 75% less for ADHD than the reported activity for 2020/21. This means that the current activity levels cannot be met within the agreed financial envelope so activity for 2022/23 FYE will need to be capped.
- 6.4. KCHFT will work with commissioners to develop an additional outline business case based on 2020/21 activity so the additional cost associated with meeting existing demand can be determined. Commissioners will return to KMCCG

Finance and Procurement Committee in late 2022 advising on further financial investment requirement to sustain capacity of the new service.

7. Legal implications

7.1. There are no legal implications for Medway Council as this is a health service commissioned by KMCCG.

8. Recommendation

8.1. The Committee is asked to note this report.

Lead officer contact

Johanna Elwell, Medway Partnership Commissioner, Gun Wharf, 01634 331273,
johanna.elwell@medway.gov.uk

Appendices:

None

Background papers

Health and Adult Social Care Overview and Scrutiny Committee, January 2020
<https://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=50580>

Health and Adult Social Care Overview and Scrutiny Committee, January 2021
<https://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=55956>